Syracuse University Science and Technology Entry Program (STEP) 2024-2025 New Student Application

To be eligible for the STEP program, the student must have been a resident of NY State for at least 12 months prior to application and must be enrolled in grade 7-12 for the 2024-2025 academic year.

Be sure to complete **all required sections** of this application before submitting it to the STEP office. Failure to do so will delay their acceptance notification.

This form can be completed electronically. Please print the completed application and verify **that all pages are signed** before submitting to the STEP office.

Application Checklist

\square Student Application Form including all signatures and email addresses
\square Student Authorization for Disclosure of Educational Information
\square Ensure all 3 check boxes are marked in the top section
\square Ensure the student's school name is entered
☐ Parent/Guardian Signature
☐ Student Questionnaire (all questions answered)
☐ Informed Consent Form including all signatures
\square STEP Program Contracts and Agreements including all signatures
\square Attach an Official Copy of Student's Grades – Provide either the student's academic transcript or a copy of student's final report card for school year ended June 2024.
Students new to the SU STEP Program may be required to complete additional items such as an income verification form or student recommendation forms. The STEP Program will contact you to request any of this additional information.

Applications are reviewed on a rolling basis and can be submitted by email, fax, or regular mail:

Email:<u>soestep@syr.edu</u> Fax: (315) 443-5683

Mail to: Science & Technology Entry Program (STEP)

419 Sims Hall, Syracuse, NY 13244

Student Application Form

Section 1: Student Information

Full Name:			
Home Address:			
City:	_ State:	_ Zip:	
Home/Primary Phone Number:		Date of Birth:	
Grade (as of Sept 2024):		Gender:	
Ethnicity (select all that apply):		_T-shirt Size:	
Hispanic/Latino	☐ American I	ndian/Native Alaskan	
Black/African American	Native Haw	aiian/Pacific Islander	
Asian (except Pacific Islander)	☐ White/Caucasian or Other		
New York State resident? O Yes	○ No If ye	s, since when?	
Country of Birth (if other than USA):			
Permanent Resident/Alien? O Yes	○ No If ye	s, registration number:	
Does the student have any accessibility/accom	modation requir	ements? If yes, describe:	
Student Cell Phone:	_ Student Email	Address:	
Parent/Guardian 1 Name:			
Cell Phone:	_ Email Address:		
Parent/Guardian 2 Name:		_	
Cell Phone:	Email Address:		
Section 3: Emergency Contact I	nformation		
Name:			
Cell Phone:	_Email Address:		
To Parents/Guardians: Your signatu information given in this application is knowledge in accordance with Federal	accurate and	complete to the best of your	-
Parent/Guardian Signature Date	_	Student Signature	Date

Student Authorization for Disclosure of Educational Information

Student Name:	Grade (as of Sept 2024):
Technology Entry Program Obtain information fro	esponsible for the above named individual and I authorize the Science and m at Syracuse University to om:
Technology Entry Progra	disclosure of educational information between the Science and am (STEP) and the School district indicated above, in accordance and Rights and Privacy Act (FERPA).
Specific information to be information necessary for	pe released or obtained includes the following confidential or educational services:
	test scores, Grades, and Report Card Information nmunications, assignments, and interim results
•	ired for the purpose of any necessary and ongoing educational ations and recommendations for further development.
By signing below I am s	tating that:
the receiving entity (a to protect the confide I understand that I have penalty, provided that I authorize the period year after date of sig	rmation disclosed, as permitted by this authorization, will not be re-disclosed by and/or its affiliates). I do understand that local, state, and federal laws do exist entiality of this information. ave the right to revoke and/or restrict this authorization at any time without t I submit a request in writing to the STEP Office. dic, on-going disclosure of the above information. This authorization expires one ning or at disenrollment from services, whichever comes first. Re-authorization one year if information is still needed.
Parent/Guardian Name:	
Parent/Guardian Signature	 Date

Student Questionnaire

which provides fun	•		e Education De	partment
Student Name:	Grade	e (as of Sept 2024): _		
Is the student presently en	·		I that apply):	
Does the student currently	have an IEP or 504 Plan?	○ Yes ○ No		
Is the student eligible for fi	ee or reduced lunch?	○ Yes ○ No		
2	024-2025 Infor	med Consent	t Form	
It is critical that the co who participate in acti needs of the students, program.	vities in order to conti	nuously improve t	he program and	meet the
Participation in any of Students may choose to attend focus group form. All responses wi anonymity.	to omit items from su sessions. Responses f	rveys, choose not rom individuals wi	to complete sur Il not be reporte	veys, or not d in any
Your signatures below above, and you are wi gathering efforts. Cho your child's ability t	lling to have your chil osing not to sign th	d participate in the	e STEP program	information
Student Name:				
Student Signature	Date	Parent/Guai	dian Signature	Date

STEP Program Contracts & Agreements

Student Name:	Grade (as of Sept 2024):

1. Saturday Learning Academy/ Enrichment Program Contract

Student Responsibilities

- Maintain a minimum average of 75% in science and math courses.
- Maintain a minimum overall GPA of 75%.
- **Conduct yourself** in a manner conducive to your own learning, and to the learning of others.
- Participate regularly in programming activities
- Respect the STEP staff, workshop coordinators, and other students in the program.
- When necessary, **come to tutorials** with applicable textbooks and classroom assignments.
- Agree to adhere to the student absence and tardiness procedures, and the Anti-Bullying Pledge.

Parent/ Legal Guardian Responsibilities

[Program hours are 10:00am - 12:00pm; Enrichment is 12:00 pm - 1:30pm]

- **Talk with students** about STEP activities and expectations.
- Adhere to deadlines.
- **Read ALL** information pertaining to the program.
- Remind students to bring applicable assignments/materials to each session including tutorials.
- Participate in at least two open-to-parents/family STEP activities per semester.

2. Press and Performance Release

I hereby give my permission to Syracuse University, its agents, successor, assigns and/or newspapers, radio, television or websites, statewide conferences to use my child's photograph (whether still, motion or television) and recordings of my child's voice, for publicity regarding the STEP Program.

Indication of Understanding

By signing below, we certify that the STEP Scholar and Parent/Guardian named herein have read the 2024/2025 Saturday Learning Academy/ Enrichment Program Contract and the Press and Performance Release; and, that we understand them, and we agree to abide by them. Furthermore, we understand that **failure to abide by responsibilities could result in dismissal** from the program.

Student Name:		Parent/Guardian Name:	
Student Signature	Date	Parent/Guardian Signature	Date